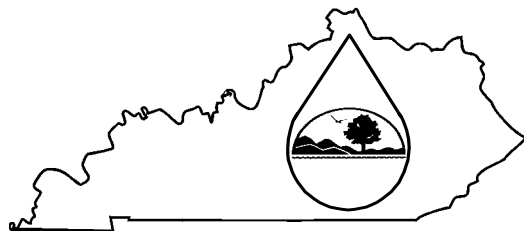


# KPDES FORM EWAA



## Kentucky Pollutant Discharge Elimination System (KPDES)

### Exceptional Water Alternative Analysis

The Antidegradation Implementation Procedures outlined in 401 KAR 5:030, Section 1(2)(b)7 allows an applicant who does not accept the effluent limitations required by subparagraphs 3, 4, and 5 of 5:030, Section 1(2)(b) to demonstrate to the satisfaction of the Environmental and Public Protection Cabinet that no technologically or economically feasible alternatives exist and that allowing lower water quality is necessary to accommodate important economic or social development in the area in which the water is located. The approval of a POTW's regional facility plan pursuant to 401 KAR 5:006 shall demonstrate compliance with the alternatives analysis and socioeconomic demonstration for a regional facility. The alternative analysis and socioeconomic demonstration shall follow the guidance found in "Interim Economic Guidance for Water Quality Standards Workbook" EPA March 1995. This demonstration shall also include this completed form and copies of any engineering reports, economic feasibility studies, or other supporting documentation.

#### I. Permit Information

Facility Name:		KPDES NO.:	
Address:		County:	
City, State, Zip Code:		Receiving Water Name:	

#### II. Alternatives Analysis

1. **Discharge to other treatment facilities.** Indicate which treatment works have been considered and provide the reasons why discharge to these works is not feasible.

2. **Use of other discharge locations.** Indicate what other discharge locations have been evaluated and the reasons why these locations are not feasible.

## II. Alternatives Analysis

3. **Water reuse or recycle.** Provide information about opportunities for water reuse or recycle at this facility. If water reuse or recycle is not a feasible alternative at this facility, please indicate the reasons why.

4. **Alternative process or treatment options.** Indicate what process or treatment options have been evaluated and provide the reasons they were not considered feasible.

## II. Alternatives Analysis

5. **On-site or subsurface disposal options.** Discuss the potential for on-site or subsurface disposal. If these options are not feasible, then please indicate the reasons why.

6. **Evaluation of any other alternatives to lowering water quality.** Describe any other alternatives that were evaluated and provide the reasons why these alternatives were not feasible.

**III Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<b>Name and Title:</b>		<b>Telephone No.:</b>	(      )      -
<b>Signature:</b>		<b>Date:</b>	

**Kentucky Pollutant Discharge Elimination System (KPDES)**  
**Instructions**  
**KPDES Permit Application Supplemental Information**

**SECTION I – PERMITTEE INFORMATION**

<b>Facility Name:</b>	Provide the name of the facility
<b>Mailing Address, City, State, and Zip Code:</b>	Provide the mailing address
<b>KPDES No.:</b>	Provide the KPDES permit number for the facility
<b>County:</b>	Indicate the county in which the facility is located
<b>Receiving Water Name:</b>	Indicate the water body into which the facility discharges or plans to discharge.

**SECTION II – RECEIVING WATER/DISCHARGE INFORMATION**

For each item, provide a synopsis of the evaluations that were performed. A successful demonstration will provide justifications as to why these alternatives were not consider viable.

Include appropriate supporting documentation.

**SECTION III - CERTIFICATION**

**Name and Title:** Indicate the name and title of the person signing the form.  
**Telephone No.:** Provide the telephone number of the person signing the form.  
**Date:** Indicate the date that the form was signed.

This form is part of the permit application and must be signed as follows:

**Corporation:** by a principal executive officer of at least the level of vice president  
**Partnership or sole proprietorship:** by a general partner or the proprietor respectively